

**South Carolina Workers' Compensation Commission**

1612 Marion St.  
P.O. BOX 1715  
Columbia, SC 29202-1715  
(803) 737-5675



WCC File #: \_\_\_\_\_

Carrier File #: \_\_\_\_\_

Carrier Code #: \_\_\_\_\_

Employer FEIN #: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - - Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) - Work Phone: ( ) - Carrier: \_\_\_\_\_

Preparer's Name: \_\_\_\_\_ Preparer's Phone #: ( ) -

The Second Injury, in answer to the claim, respectfully shows:

1. It is ☐ acknowledged ☐ denied that the employee sustained a compensable accident; \_\_\_\_\_
2. It is ☐ acknowledged ☐ denied that the notice was given to the Second Injury Fund; \_\_\_\_\_
3. It is ☐ acknowledged ☐ denied that the disability claim has been concluded.
4. It is ☐ acknowledged ☐ denied that the impairment is: \_\_\_\_\_
5. a. It is ☐ admitted ☐ denied that the impairment pre-existed.  
b. It is ☐ admitted ☐ denied that the impairment was permanent.  
c. It is ☐ admitted ☐ denied the impairment is physical.
6. It is ☐ admitted ☐ denied that the impairment combined with or was aggravated by the subsequent injury.
7. It is ☐ admitted ☐ denied that the combination/aggravation substantially increased the carrier's liability for  
☐ disability ☐ medical or ☐ both: \_\_\_\_\_
8. It is ☐ admitted ☐ denied that the impairment was a hindrance or obstacle to employment or re-employment.
9. a. It is ☐ admitted ☐ denied that the employer had knowledge of the impairment.  
b. It is ☐ admitted ☐ denied that the impairment was unknown to the employee and employer.  
c. It is ☐ admitted ☐ denied that the employee concealed the impairment.
10. It is ☐ admitted ☐ denied that the subsequent injury would not have occurred "but for" the prior impairment.
11. It is ☐ admitted ☐ denied that the claim qualifies for reimbursement under S.C. Code Section 42-9-410; \_\_\_\_\_
12. The Carrier's claim is barred by the Statute of Limitations pursuant to S.C. Code Section 42-15-40; \_\_\_\_\_
13. Other grounds for denial: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature on behalf of the Second Injury Fund

\_\_\_\_\_  
Date